

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*09/870 899*  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
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49						
50						
TOTAL IND.					10	
TOTAL DEP.					35	
TOTAL CLAIMS					48	

*	*	*	*	Dep
IND.	DEP.	IND.	DEP.	IND.
51		/		101
52				102
53				
54				
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98			/	
99			/	
100			/	
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				